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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form

Return-of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2010

Open to Public Inspection

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\$50,000 Å Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. Let did lines 5b, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Part II. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I. 1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts. 3 Membership dues and assessments. 4 Investment income. 5a Gross amount from sale of assets other than inventory. b Less cost or other basis and sales expenses. 5b C. 6 Garming and fundraising events. a Gross income from gaming (attach Schedule CV). b Gross income from fundraising events. c Less direct expenses from gaming (attach Schedule CV). 7a Gross sales of inventory, less returns and allowances. b Less, cost of goods sold. c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). 8 Other revenue (describe in Schedule O). 9 Total revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. 9 39, 791. 10 Grants and similar amounts paid (list in Schedule O). 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 15 Prinking, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 Salaries, other compensation, and employee benefits. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 Net assets or fund balances (explain in Schedule O). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 Net assets or fund balances at beginning of year (from line 27). 21	J		xempt status (ck only one) — A 301(c)(3)		
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8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 39,791. 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Total expenses in net assets or fund balances at end of year (Combine line 18 through 20 21 Net assets or fund balances at end of year (Combine line 18 through 20 22 The large in the balances at end of year (Combine line 18 through 20 23 Table assets or fund balances at end of year (Combine lines 18 through 20 24 The large in the balances at end of year (Combine lines 18 through 20 25 Total expenses in the balances at end of year (Combine lines 18 through 20 26 Total expenses in the balances at end of year (Combine lines 18 through 20 27 The large in the balances at end of year (Combine lines 18 through 20 28 Total expenses in the balances at end of year (Combine lines 18 through 20 29 Total expenses in the description in Schedule O)		b	Less. cost of goods sold 7b		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year, Combine lines 18 through 20 22 Net assets or fund balances at end of year, Combine lines 18 through 20		C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c	
Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 10 14,680. 11 12 14,680. 11 12 15 16 17,790. 12 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 10 14,680. 11 12 12 12 12 12 12 12 12 12 12 12 12 1		8	Other revenue (describe in Schedule O)	8	
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 71 Net assets or fund balances at end of year Combine lines 18 through 20		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	39,791.
Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractors 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe-in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20		10	Grants and similar amounts paid (list in Schedule O)	10	14,680.
Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Very See Form 990 EZ, Paul I, Line 16 Other Expenses 1617, 534. 17 Total expenses. Add lines 10 through 16 18 4, 847. 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20		11	Benefits paid to or for members	11	
16 Other expenses (describe-in Schedule-O) . See Form 990 EZ, Paul I, Line 16 Other Expenses . 16 17, 534 . 17 Total expenses . Add lines 10 through 16	E	12	Salaries, other compensation, and employee benefits	12	
16 Other expenses (describe-in Schedule-O) . See Form 990 EZ, Paul I, Line 16 Other Expenses . 16 17, 534 . 17 Total expenses . Add lines 10 through 16	P	13	Professional fees and other payments to independent contractors .	13	
16 Other expenses (describe-in Schedule-O) . See Form 990 EZ, Paul I, Line 16 Other Expenses . 16 17, 534 . 17 Total expenses . Add lines 10 through 16	Ñ	14	Occupancy, rent, utilities, and maintenance .	14	1,790.
16 Other expenses (describe-in Schedule-O) . See Form 990 EZ, Paul I, Line 16 Other Expenses . 16 17, 534 . 17 Total expenses . Add lines 10 through 16	Ě	15	Printing, publications, postage, and shipping	15	940.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 10 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20		16	Other expenses (describe-in Schedule-O) . See Form 990 EZ, Pad I, Line 16 Other Expenses	16	17,534.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 10 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20	2	17	Total expenses. Add lines 10 through 16	17	34,944.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 22	~	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,847.
figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 18 through 20 TEEA0812 02/18/11 19 17,865. 20 20 21 22,712. Form 990-EZ (2010)	1-1	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year		
20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 EBAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0812 02/18/11	E		figure reported on prior year's return)	19	17,865.
21 Net assets or fund balances at end of year Combine lines 18 through 20 .		20	Other changes in net assets or fund balances (explain in Schedule O)	20	
Form 990-EZ (2010) TEEA0812 02/18/11	0	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	22,712.
TEEA0812 02/18/11	BÀ	A Fo	r Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2010)
TEEA0812 02/18/11	뿔				
TEEA0812 02/18/11	茎				`
(i) IEEA0812 02/18/11	3				
	Ø		IEEA0812 02/18/11		

	90-EZ (2010) ROYAL COURT OF			MPIRE		87-	038	9488 Page 2
Part I	Balance Sheets. (see the ins			akaa aa khaa Dank II				П
	Check if the organization used Sche	dule O to i	respond to any ques	stion in this Part II	(Δ)	Beginning of yea	7	(B) End of year
22 °C:	ash, savings, and investments				1	17,865.		22,712.
	and and buildings .					0.		0.
	ther assets (describe in Schedule O))		0.	+	0.
	otal assets					17,865.	_	22,712.
	otal liabilities (describe in Schedule O))		0.	_	0.
	et assets or fund balances (line 27 of c	olumn (B)	must agree with lir	ne 21)		17,865.		22,712.
	II : Statement of Program Sen				Part II		· · · · · ·	Expenses
	Check if the organization used Sci							uired for section
What is th	ne organization's primary exempt purpose? SU	PPORT	AND FINANCIA	L ASSISTANC	E			c)(3) and 501(c)(4) nizations and section
Describ	e what was achieved in carrying out the	organizat	ion's exempt purpo	ses In a clear and	conci	se manner,		(a)(1) trusts; optional
progran	e the services provided, the number of p n title.	persons be	enented, and other r	elevant information	i ior e	acii	for of	thers)
	ROVIDE ASSISTANCE TO PER	RSONS I	IVING WITH	HIV/AIDS				
_								
_								
~	Grants \$ 0.) If the	is amount	includes foreign gra	ants, check here		···	28 a	11,430.
	ROVIDE DONATIONS FOR CAN	NCER RE	SEARCH AND	PREVENTION				
_								
_								
((Grants \$ 0.) If th	is amount	includes foreign gra	ants, check here			29 a	1,500.
	ROVIDE SUPPORT FOR ORGAN				ro	1		
_	AY, LESBIAN, BISEXUAL AL							
_								
70	Grants \$ 0.) If th	is amount	includes foreign gra	ants, check here			30 a	1,750.
	ther program services (describe in Sche							
	, •		includes foreign gra	ants, check here		►□	31 a	
	otal program service expenses (add lin					▶	32	14,680.
	V* List of Officers, Directors,			lovees. List each o	ne eve	n if not compensated	(see t	A
i di ti	Check if the organization used Sc					ii ii iiot oompensatea	(500 1	
			and average hours		(If	(d) Contributions		(e) Expense account
	(a) Name and address	per v	week devoted	not paid, enter -0))	employee benefit plan		and other allowances
		t	o position		-	deferred compensat	ion	
	YLA BARRANDEY							
	D_MEMBER	PRESID	ENT		ا م		_	
SLC	UT 84106	3.00			0.		0.	
	EL AARON SPARKS		V=V==					
	D_MEMBER		MEMBER		ا ہ		_	
SLC	UT 84106	3.00			0.		0.	
	ANDERSON	20222	VEVDED					
		BOARD	MEMBER		ا م		^	1
SLC	UT 84106	3.00			0.		0.	
	H_CURRINGTON		V					
	D_MEMBER	1	MEMBER		_		_	
		3.00			0.		0.	
	ER PRESPENTT	20222	MEMBER		- 1			
	D_MEMBER		MEMBER		ا ۸		^	
	UT 84106	3.00			0.	· · · · · · · · · · · · · · · · · · ·	0.	
	STEPHENSON	DO 3 DD	VENDED					
	D_MEMBER	1	MEMBER		_		•	
	UT 84106	3.00			0.	•	0.	
	KANE	DOADD	VENDED				_	
	D_MEMBER	1	MEMBER		ا ہ		^	
SLC		3.00		ļ	0.		0.	
	DUNCAN	BOSES	MEMBER					
	D MEMBER	1	MEMBER				^	
	UT 84106	3.00			0.		0.	
	AEL BENNION	D0355	VBVD55					
	D MEMBER	4	MEMBER		ا ۾		_	1
SLC		3.00		<u> </u>	0.		0.	
See List o	of Officers, Directors, Trustees, & Key Employees Stm							1
		-						Į.
		I						5 000 == 1000
BAA			TEEA0812 0	2/18/11				Form 990-EZ (2010)

<u>. a</u>	Check if the organization used Schedule O to respond to any question in this Part V			
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	Yes	No X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).	34		x
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
	a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		x
	b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35 b		
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		x
	a Enter amount of political expenditures, direct or indirect, as described in the instructions 0.			
	b Did the organization file Form 1120-POL for this year?	37 b		<u> </u>
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b			
	Section 501(c)(7) organizations Enter			1
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities 39b			1
	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ►, section 4912 ►, section 4955 ►			
	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		<u>x</u>
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
41	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed ►	40 e		
	a The organization's books are in care of ► MICHAEL BENNION Telephone no. ► (801) Located at ► 1159 E WARNOCK AVE SALT LAKE CITY UT ZIP + 4 ► 84106 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ►	 	- 34 9 Yes	No x
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S? If 'Yes,' enter the name of the foreign country	42 c		X
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		- []	
	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a	Yes	No X
	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		x
	c Did the organization receive any payments for indoor tanning services during the year?	44 c		Х
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		
BΑ	A TEFAURI2 02/18/11 Fo	rm 990	-F7 /	2010

Form 990-E	Z (2010) ROYAL COURT OF THE	GOLDEN SPIKE E	MPIRE	87-0389488	3	Page 4
•				r	Yes	
-	related organization a controlled entity of	=		T.	45	X
a Did th	e organization receive any payment from tion 512(b)(13)? If 'Yes,' Form 990 and S	or engage in any trans	action with a controlled be completed instead of	chary within the meeting	45a	X
46 Did th	le organization engage, directly or indirec	tly, in political campaigi	•	· • • • • • • • • • • • • • • • • • • •		
	dates for public office? If 'Yes,' complete		/aV1) nanayamnt a	haritable trusts only. Al	46	<u> </u>
Part VI"	Section 501(c)(3) organizations 501(c)(3) organizations and sec	tion 4947(a)(1) nor	nexempt charitable	trusts must answer que	stions	ļ
	47-49b and 52, and complete th	e tables for lines 5	0 and 51.			
	Check if the organization used Schedule	O to respond to any qu	uestion in this Part VI			П
	3	, , , , , , , , , , , , , , , , , , , ,			Yes	No
47 Did th	ie organization engage in lobbying activiti	es? If 'Yes,' complete S	chedule C, Part II	. [47	х
48 Is the	organization a school as described in se	ction 170(b)(1)(A)(ii)? If	'Yes,' complete Sched	ule E	48	<u> x</u>
	e organization make any transfers to an	· ·	elated organization?		49 a	<u> </u>
	s,' was the related organization a section	-	••	[49Ь	Щ.
50 Comp	lete this table for the organization's five houses) who each received more than \$100	nighest compensated en	nployees (other than off	ficers, directors, trustees and k	ey	
	·	(b) Title and average	(c) Compensation	(d) Contributions to employee	(e) Expense	
(a)	Name and address of each employee paid more than \$100,000	hours per week devoted to position		benefit plans and deferred compensation o	account and ther allowand	
NONE						
				ļ		
						
f Total	number of other employees paid over \$10	00,000				
51 Comp	lete this table for the organization's five hensation from the organization. If there is	nighest compensated inc	dependent contractors v	who each received more than \$	3100,000 o	f
comp	(a) Name and address of each independent control		,	(b) Type of service (d	c) Compensati	
NONE	(1) 10110 0110 0100 0100 11100 0100 11100 01100 1	, , , , , , , , , , , , , , , , , , ,		(2) 1) po oi doi ido	, componica	
d Total	number of other independent contractors	each receiving over \$10	00,000	•		
	ne organization complete Schedule A? No able trusts must attach a completed Sche		organizations and 494	7(a)(1) nonexempt ► x	Yes	□No
Under penaltic	es of perjury, I declare that I have examined this return and complete Declaration of preparer (other than offic	, including accompanying sche	dules and statements, and to the which preparer has any known	he best of my knowledge and belief, it is		
·						
Sign	Signature of officer	- 1/	=	Date		
Here	Tanda Meso	me		10/10/1/		
	Type or print name and Ittle	In	15.			
	Print Type preparer's name	Preparer's apprature	A DA Date	Check I if PTIN		
Paid Proparer	TED SCHUMM	Talloum	M / 10/06/	11 self-employed		
Preparer Use Only	Firm's name Burnham & Schum		245			
200 Viii)	Firm's address > 1981 E. Murray Salt Lake City	nolladay kd, #	UT 84117	Firm's EIN ► Phone no (801) 2	72-011	1
May the IR:	S discuss this return with the preparer she	own above? See instruc		Phone no (801) 2		No
BAA	The state of the s				m 990-EZ	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name	of the	organization							Employe	identifica	tion number
ROY	AL	COURT OF THE	GOLDEN SPIKE	EMPIRE					87-03	8948	8
Par		Reason for Publ	ic Charity Status	(All organizations	must o	comple	te this	part.)	See II	nstruct	ions.
The c	rga	nization is not a privat	te foundation because	it is (For lines 1 through	gh 11, cl	heck onl	y one b	ox)			
1		A church, convention	of churches or associ	ation of churches descr	ribed in :	section	170(b)(1)(A)(i).			
2	П	A school described in	section 170(b)(1)(A)(ii). (Attach Schedule E)						
3		A hospital or a coope	rative hospital service	organization described	in sect	ion 170	b)(1)(A)	(iii).			
4	П	•	•	•				• •	ьу1уду	iii) Ente	er the hospital's
	_		-	,					-70-70	,	
5		An organization opera	ated for the benefit of	a college or university	owned o	r operat	ed by a	governn	nental u	nıt desci	ribed in section
6											
7		An organization that in section 170(b)(1)(A	normally receives a si 4)(vi). (Complete Parl	ubstantial part of its sup : II)	port fro	m a gov	ernment	al unit d	or from t	he gene	ral public described
8	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). (A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A norganization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its severing functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e (through 11h.) a										
9	x	from activities related investment income ar	f to its exempt function and unrelated business	ns — subject to certain i taxable income (less si	exception	ons, and	(2) no r	nore tha	ın 33-1/3	3% of its	support from gross
10		An organization organ	nized and operated ex	clusively to test for pub	lic safet	y. See s	ection 5	509(a)(4)).		
11		more publicly support	ted organizations desc	cribed in section 509(a)	 or se 	ection 50	he funct 19(a)(2)	ions of, See se	or carry ction 50	out the 9(a)(3).	purposes of one or Check the box that
			·· <u> </u>	·—		_	integrate	ed		ч□	Type III Other
۵	П					•	•		more di	soualifie	• .
•		other than foundation	managers and other	than one or more public	cly supp	orted or	ganızatı	ons desc	cribed in	section	509(a)(1) or
f			ceived a written deterr	nination from the IRS th	hat is a	Type I, T	Type II o	r Type I	II suppo	rtıng org	janization,
g		Since August 17, 200	6, has the organizatio	n accepted any gift or	contribu	ition fror	n any of	the follo	owing pe	ersons?	<u> </u>
											Yes No
		(i) A person who d below, the gove	lirectly or indirectly co erning body of the supi	ntrols, either alone or to ported organization?	ogether	with per	sons de	scribed i	n (II) an	d (III)	11 g (i)
		(ii) A family member	er of a person describ	ed in (i) above?							11 g (ii)
		(iii) A 35% controlle	ed entity of a person d	escribed in (i) or (ii) ab	ove?						11 g (iii)
h		Provide the following	information about the	supported organization	n(s)						
			(ii) EIN	(described on lines 1-9 above or IRC section	organiz column (your go	zation in (i) listed in overning	the organ	nization in n (i) of	organiz colun organize	ation in nn (i) ed in the	(vii) Amount of support
					Yes	No	Yes	No	Yes	No	
				·							
(A)											
(B)											
		· — — —									
(C)				· · · · · · · · · · · · · · · · · · ·		<u> </u>	ļ <u>-</u>				
<u>(D)</u>					<u> </u>						
(E)				•							
Total					l			L			

Schedule A (Form 990 or 990-EZ) 2010 ROYAL COURT OF THE GOLDEN SPIKE EMPIRE 87-0389488 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the

	organization rails to quality t	inuci the tests hat	ieu below, piease	complete rait iii.	,		
Sec	tion A. Public Support		_			T	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants ')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		1			1	
Cale begi	ndar year (or fiscal year nning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		:				
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related active	ities, etc (see inst	ructions)		•	12	2
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	section 501(c)((3) ▶ □
	tion C. Computation of Pul				·		
	Public support percentage for 20			e 11, column (f))	•	. 14	
	Public support percentage from 2	,	,			15	
16 a	33-1/3% support test — 2010. If t and stop here. The organization				I the line 14 is 33-	1/3% or more, o	check this box
t	33-1/3% support test — 2009. If t and stop here. The organization					3-1/3% or more,	check this box ►
17 a	10%-facts-and-circumstances te or more, and if the organization rethe organization meets the 'facts-	neets the 'facts-a	nd-circumstances	' test, check this b	ox and stop here.	. Explain in Part	IV how
	10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	neets the 'facts-a I-circumstances'	nd-circumstances test. The organiza	' test, check this bation qualifies as a	oox and stop here. a publicly supporte	. Explain in Part ed organization	IV how the
18 BAA	Private foundation. If the organiz	ation did not che	ck a box on line 1	3, 16a, 16b, 17a,			
DAA					9/	CODALIDA A /FORM	1 990 or 990-E71 2010

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

C	tion A Dublic Command						
	tion A. Public Support	(-) 0000	41. 000Z	4-20000	(-1) 2000	(-) 2010 T	<u> </u>
Calend 1	dar year (or fiscal yr beginning in) Gifts, grants, contributions	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	and membership fees received (Do not include any 'unusual grants.')	55,820.	70,305.	47,223.	45,425.	39,791.	258,564.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						 -
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	55,820.	70,305.	47,223.	45,425.	39,791.	258,564.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						258,564.
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·					
Caleni	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	55,820.	70,305.	47,223.	45,425.	39,791.	258,564.
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			47,223.	45,425.	39,791.	258,564.
9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses			47,223.	45,425.	39,791.	258,564.
9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is			47,223.	45,425.	39,791.	258,564.
9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in			47,223.	45,425.	39,791.	
9 10 a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add Ins 9, 10c, 11, and 12)	55,820.	70,305.				258,564. 258,564.
9 10 a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	55,820.	on's first, second,				
9 10 a b c 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	s for the organization here	70,305.	third, fourth, or fi			258,564.
9 10 a b c 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pui	s for the organization here blic Support Pe	on's first, second,	third, fourth, or fi		ection 501(c)(3)	
9 10 a b c 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pui	s for the organization here blic Support Pe 10 (line 8, column 1909 Schedule A, P	on's first, second, ercentage (f) divided by line art III, line 15	third, fourth, or fi		ection 501(c)(3)	258,564. ►□ 100.00 %
9 10 a b c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from 20	s for the organization here blic Support Period (line 8, column 1009 Schedule A, Pestment Incom	on's first, second, ercentage (f) divided by line lart III, line 15	third, fourth, or fi	fth tax year as a s	ection 501(c)(3)	258,564. ►□ 100.00 %
9 10 a b c 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from 2 public support percentage from 2 tion D. Computation of Inv	s for the organization here blic Support Pere 10 (line 8, column 1009 Schedule A, Prestment Incom	on's first, second, ercentage (f) divided by line art III, line 15 ie Percentage olumn (f) divided by	third, fourth, or fi	fth tax year as a s	ection 501(c)(3) 15 16	258,564. ►□ 100.00 %
9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpulic support percentage from 2 tion D. Computation of Investment income percentage from 13-1/3% support tests — 2010. If is not more than 33-1/3%, check	s for the organization here blic Support Pe 10 (line 8, column 2009 Schedule A, P estment Incom or 2010 (line 10c, com 2009 Schedule the organization di this box and stop	on's first, second, ercentage (f) divided by line art III, line 15 ie Percentage olumn (f) divided to A, Part III, line 17 d not check the benere. The organiza	third, fourth, or fi	of (f)) I line 15 is more that publicly supporte	15 16 17 18 an 33-1/3%, and lied organization	258,564. 100.00 % % % ne 17
9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpublic support percentage for 20 Public support percentage from 2 tion D. Computation of Investment income percentage from 33-1/3% support tests — 2010. If	s for the organization here blic Support Pe 10 (line 8, column 1009 Schedule A, Pestment Incom or 2010 (line 10c, column 2009 Schedule the organization dithis box and stop the organization did the	on's first, second, ercentage (f) divided by line eart III, line 15 are Percentage olumn (f) divided to A, Part III, line 17 d not check the bothere. The organization of check a box	third, fourth, or fi 13, column (f)) by line 13, column ox on line 14, and tion qualifies as a on line 14 or line	of (f)) I line 15 is more the publicly supporter 19a, and line 16 is	15 16 17 18 an 33-1/3%, and lid organization s more than 33-1/3	258,564. 100.00 %

Schedule A	(Form 990 or 99	90-EZ) 2010R	OYAL COURT	OF THE GOL	den spike em	PIRE 87-0389	488 Page 4
Part IV 🥎	Supplement Part II, line 1 (See instruct	al Information 17a or 17b; an tions).	. Complete thind Part III, line	s part to prov 12. Also com	vide the explanat aplete this part fo	cions required by For any additional in	art II, line 10; formation.
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		 	- 				
	·					·	
	. – – – – – – .						
	. – – – – – .				-		

SCHEDULE G (Form 990'or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization Employer identification number 87-0389488 ROYAL COURT OF THE GOLDEN SPIKE EMPIRE Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events g А In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ∏Yes ∏No **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (or retained by) fundraiser listed in (III) Did fundraiser (vi) Amount paid to (or retained by) organization (i) Name and address of individual (ii) Activity (iv) Gross receipts have custody or control or entity (fundraiser) from activity of contributions? column (ı) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

		G (Form 990 or 990-EZ) 2010 ROYAL				
Pai	rt II	Fundraising Events. Complete if reported more than \$15,000 of fund 6a. List events with gross re	undraising event co	entributions and gro	orm 990, Part IV, II ss income on Forn	ne 18, or 1 990-EZ, lines 1
		and ba. List events with gross re	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a)
R E			(event type)	(event type)	(total number)	through column (c)
REVENUE	1	Gross receipts				
Ü		·				
	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
D I R E C T	6	Rent/facility costs				
	7	Food and beverages				
X	8	Entertainment .				
EXPENSES	9	Other direct expenses				
S	10	Direct expense summary Add lines 4- th	nrough 9 in column (d)		•	
	11	Net income summary Combine line 3, co			>	
Pai	rt III	Gaming. Complete if the organiz \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye a.	es' to Form 990, Pa	rt IV, line 19, or re	ported more than
_			(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming
REVENUE				bingo/progressive bingo	(c) come gaming	(add column (a) through column (c))
N U						
	1	Gross revenue				
_ Ę		Cash prizes				
D I R E C T	3	Non-cash prizes				
T E		Rent/facility costs .				
	5	Other direct expenses .				
	6	Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		. •	
	8	Net gaming income summary. Combine I	ines 1, column (d) and	line 7	•	
	als th	er the state(s) in which the organization op he organization licensed to operate gaming No,' explain	activities in each of the	ese states?		Yes. No _
		re any of the organization's gaming license 'es,' explain:	s revoked, suspended o			Yes No
BAA	_		TEEA3702	01/13/11	Schedule C (Fo	rm 990 or 990-EZ) 2010
	-		10073/02	01/10/11	Schedule G (FO	ハハ ナフひ い フプリ・仁人) だけし

cne	edule G (Form 990 or 990-EZ) 2010 ROYAL COURT OF THE GOLDEN SPIKE EMPIRE 87-0389	488	Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity operated in:		
а	a The organization's facility		%_
b	b An outside facility		*
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ►		
	Address ►		
15 a	a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	Yes	No
b	b If 'Yes,' enter the amount of gaming revenue received by the organization > \$ and the amoun		_
	of gaming revenue retained by the third party > \$		
c	c If 'Yes,' enter name and address of the third party		
	Name •		
	Address ►		
16	Gaming manager information		
	Name •		
	Gaming manager compensation ► \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	∏Yes	□No
b	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	_	
	organization's own exempt activities during the tax year 🕨 💲		
Par	Supplemental Information. Complete this part to provide the explanations required by Paccolumns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. It this part to provide any additional information (see instructions).	ırt I, line Also com	2b, plete
			· · ·
			
			<u> </u>
_			

SCHEDULE O (Form 990.or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

	of the Treasury enue Service	Form 990 or 990-EZ or to provide any additional in ► Attach to Form 990 or 990-EZ.		Inspection
Name of the	organization		Employer identificat	
ROYAL	COURT OF	THE GOLDEN SPIKE EMPIRE	87-0389488	3
				_
		* <u></u> <u> </u>		
				
				
				

Schedule O (Form 990 or 990-EZ), Supplemental Informat Form 990-EZ, Part I, Line 16 Other Expenses	ion to Form 990 or 990-EZ	
Other expenses (describe in Schedule O)		
INSURANCE	481.	
TRAVEL	4,705.	
FUND RAISING COST	4,234.	
LICENSE AND PENALTY	1,630.	
GENERAL AND ADMIN EXPENSES	6,484.	
Total	<u>17,534.</u>	
		

Name and address	Title and average hours per week devoted to position	Compensa- tion (if not paid, enter -0-)	Contribu- tions to employee benefit plans and deferred compensation	Expense account and other allowances
Business Person X				
RICHARD TERRA	Title			
BOARD MEMBER	BOARD MEMBER			
SLC UT 84106	BOARD MEMBER			
Foreign city	Hours/Week			
Foreign country	3.00	o.	0.	
Business Person X		-		
CLINT COOP	Title			
BOARD MEMBER	BOARD MEMBER			
SLC UT 84106	BORKE HENDER			
Foreign city	Hours/Week			
Foreign country	3.00	0.	0.	
Business Person X				
JESSE HENNINGER	Title			
BOARD MEMBER	BOARD MEMBER			
SLC UT 84106				
Foreign city	Hours/Week			
Foreign country	3.00	0.	0.	
Business Person X				
JOHN GRIFFIN	Title			
BOARD MEMBER	BOARD MEMBER			
SLC UT 84106				
Foreign city	Hours/Week			
Foreign country	3.00	0.	0.	
Business Person				
BRANDON GILLINS	Title			
BOARD MEMBER	BOARD MEMBER			
SLC UT 84106				
Foreign city	Hours/Week			
Foreign country	3.00	0.	0.	
Business Person X				
	Title			
Foreign city	Hours/Week			
Foreign country				<u> </u>